

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10602712</u>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3		2					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		2					62				
13		1					63				
14		1					64				
15		(1)					65				
16		1					66				
17		1					67				
18							68				
19							69				
20							70				
21							71				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	18						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				